

# STATE OF ALASKA

FRANK MURKOWSKI, GOVERNOR

DEPT. of HEALTH and SOCIAL SERVICES

DIVISION OF FINANCIAL MANAGEMENT SERVICES

P.O. BOX 110650  
JUNEAU, AK 99811-0650  
PHONE: (907) 465-3131  
FAX: 465-3184

March 15, 2005



Denali Commission  
510 L St. Suite 410  
Anchorage, Alaska 99501

RE: Grant Award #A-2002-06  
Health Facilities "Pre-Award" Support Services

Dear Sir:

Attached is the required Annual Financial Status Report on the Standard Form 269 for the above referenced grant award for period ending March 31, 2004.

If you have any question or require additional information, please feel free to contact me at the above address or telephone number.

Sincerely,

A handwritten signature in cursive script that reads "Michelle E. Grose, CPA".

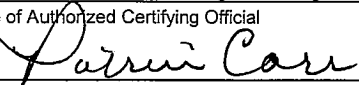
Michelle E. Grose  
Finance Officer, CPA

Attachment: FSR

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  Federal Co-Chair of Denali Commission		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  A-2002-06 Health Facilities "Pre-Award" Support Services		<b>OMB Approval No.</b> 0348-0039	<b>Page</b> 1	<b>of</b> 1  pages
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  STATE OF ALASKA, DEPARTMENT OF HEALTH & SOCIAL SERVICES P.O. BOX 110650 JUNEAU, AK 99811						
<b>4. Employer Identification Number</b>  1926001185A7	<b>5. Recipient Account Number or Identifying Number</b>  22194		<b>6. Final Report</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7. Basis</b>  <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year)  04/01/02	To: (Month, Day, Year)  09/30/04	<b>9. Period Covered by this Report</b> From: (Month, Day, Year)  04/01/03		To: (Month, Day, Year)  03/31/04		
<b>10. Transactions</b>		I Previously Reported	II This Period	III Cumulative		
a. Total outlays		17,689	16,979	34,668		
b. Recipient share of outlays		0	0	0		
c. Federal share of outlays		17,689	16,979	34,668		
d. Total unliquidated obligations				0		
e. Recipient share of unliquidated obligations				0		
f. Federal share of unliquidated obligations				0		
g. Total Federal share (Sum of lines c and f)				34,668		
h. Total Federal funds authorized for this funding period				50,000		
i. Unobligated balance of Federal funds (Line h minus line g)				15,332		
<b>11. Indirect Expense</b>		<b>a. Type of Rate (Place "X" in appropriate box)</b> <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
<b>b. Rate</b> N/A		<b>c. Base</b>		<b>d. Total Amount</b> 0		<b>e. Federal Share</b> 0
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.  Indirect cost ( 11D&E ) are based on approved Department Cost Allocation Plan.						
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title  Patricia A. Carr, Health Program Manager, Division of Public Health			Telephone (Area code, number and extension)  (907) 465-3092			
Signature of Authorized Certifying Official 			Date Report Submitted 3/15/05			